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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Assn., Inc. Podiatry Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2006 09 30 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Gerald Peterson, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM 10 20 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Report Covering the Period: From:	01 2006	To: 09 30 2006
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1		279280.76
(b) Cash on Hand at Begining of Reporting Period	251810.15	
(c) Total Receipts (from Line 19)	21175.31	290053.11
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	272985.46	569333.87
Total Disbursements (from Line 31)	61303.00	357651.41
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	211682.46	211682.46
Debts and Obligations owed TO		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed BY		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandidat	10 CODM 410	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Report Covering the Period:

From:

м м 0 9 01

^Y 2 0 0 6

To:

м м 0 9 ^D 3 0

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	9051.87	162535.73
	(ii) Unitemized	11270.00	108237.36
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	20321.87	270773.09
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20321.87	270773.09
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	2000.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	853.44	17280.02
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21175.31	290053.11
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	21175.31	290053.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Shared Federal/Non-Federal		
,	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	803.00	8801.64
(Expenditures c) Total Operating Expenditures	803.00	0801:04
((add 21(a)(i), (a)(ii) and (b))	803.00	8801.64
	Transfers to Affiliated/Other Party	0.00	0.00
	Committees Contributions to	0.00	0.00
F	Federal Candidates/Committeesand Other Political Committees	60500.00	348099.77
	ndependent Expenditure	0.00	0.00
5. (use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
(Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
٠,	and Danas magnets Made	0.00	0.00
). L	Loan Repayments Made	0.00	0.00
7. L	oans Made	0.00	0.00
	Refunds of Contributions To: a) Individuals/Persons Other		
(Than Political Committees	0.00	750.00
(b) Political Party Committees	0.00	0.00
`	c) Other Political Committees		
	(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	750.00
	(add Lines 28(a), (b), and (c))	0.00	730.00
). (Other Disbursements	0.00	0.00
).	Federal Election Activity (2 U.S.C 431(20))		
'	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
ı. [.]	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	61303.00	357651.41
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	61303.00	357651.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	20321.87	270773.09
34. Total Contribution Refunds (from Line 28(d))	0.00	750.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20321.87	270023.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	803.00	8801.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	803.00	8801.64

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 6/34 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any or f	y information copied from such Reports and State or commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc. F	Podiatry Po	olitical Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Michael Charles Edwards, Jr.			Date of Receipt
	Mailing Address 26 Partridge Cir.			09 01 2006
	City	State	Zip Code	Transaction ID: 12978795
	Beaufort	SC	29907-1234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
•	Name of Employer Podiatry Associates	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Citici (Specify)	0 0	0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial) Dr. Michael J. Marcus			Date of Receipt
	Mailing Address 405 Goldenrod Ave.	M M / D D / Y Y Y Y		
	City	State	Zip Code	0 9 0 1 2 0 0 6 Transaction ID: 12978799
	Corona Del Mar	CA	92625-2913	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	
	Primary General	, igg. egate		
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. William J. O'Neill			Date of Receipt
	Mailing Address 3530 Stancliff Rd.	0 9 0 6 2 0 0 6		
	City	State	Zip Code	Transaction ID: 12978855
,	Clemmons	NC	27012-9085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Carolina Foot Care Associ-	Occupation Podiatrist		
	ates Receipt For:		Year-to-Date ▼	1
	Primary General		250.00	
	Other (specify)		250.00	
ÇI	JBTOTAL of Receipts This Page (optional)			1000.00
-	The or recognis This Lage (optional)			

SCHEDULE A (FEC Form 3X)		l lea caparata cabadula(a)	FOR LINE NUMBER: PAGE 7/34
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Vito N. Giardina Mailing Address 7707 Wisconsin Ave. # City Bethesda FEC ID number of contributing federal political committee. Name of Employer	State MD C	Zip Code 20814-6555	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Self-Employed Receipt For: Primary General Other (specify) ▼	Podiatris		
Full Name (Last, First, Middle Initial) Dr. Martin M. Pressman Mailing Address 109 N. Racebrook Rd.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 12978946
Woodbridge FEC ID number of contributing federal political committee.	CT	06525-1407	Amount of Each Receipt this Period 250.00
Name of Employer Milford Podiatry Associates Receipt For: Primary General Other (specify) ▼	Occupation Podiatris Aggregate		
Full Name (Last, First, Middle Initial) Dr. Darrell Duane Prins Mailing Address 3200 N.E. 30th St.			Date of Receipt M
City Lincoln City	State OR	Zip Code	Transaction ID: 12978948
FEC ID number of contributing federal political committee.	C	97367-5105	Amount of Each Receipt this Period 250.00
Name of Employer Lincoln County Foot Health Center Receipt For: Primary General Other (specify) ▼	Occupation Podiatris Aggregate		
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 34 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta	itements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. William Scott Newcomb			Date of Receipt
	Mailing Address 248 Potomac Rd.			09 13 2006
	City	State	Zip Code	Transaction ID: 12984151
	Wilmington	DE	19803-3121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Brandywine Podiatry	Occupation Podiatris		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Dr. B. David Massaband			Date of Receipt
	Mailing Address 1561 Roscomare Rd.			09 13 7 9 9 9
	City	State	Zip Code	Transaction ID: 12984154
	Los Angeles	CA	90077-2208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatris		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. David W. O'Brian			Date of Receipt
	Mailing Address 10 N. Roselle Rd. #300			09 13 2006
	City	State	Zip Code	Transaction ID: 12984159
	Roselle	IL	60172-1593	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatris		
	Receipt For:	1	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)		Llos concrete cohodulo(o)	FOR LINE NUMBER: PAGE 9/34
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements mag	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Jeff W. Miller			Date of Receipt
	Mailing Address 3958 Fillmore			09 11 7 2006
	City	State	Zip Code	Transaction ID: 12992281
	Saint Louis	MO	63116-3116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	250.00	7
	Other (specify)	0 0	200.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Neal Kramer			Date of Receipt
	Mailing Address 5775 Fresh Meadow Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12992291
	Macungie	PA	18062-9522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Self-Employed	Occupatio Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	300.00	7
	Other (specify)		300.00	
_	Full Name (Last, First, Middle Initial) Dr. Michael Molay			Date of Receipt
٥.	Mailing Address 1345 Sunburst			M M / D D / Y Y Y Y
				09 13 2006
	City	State	Zip Code	Transaction ID: 12998268
	Northbrook	<u>IL</u>	60062-4260	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Self-Employed	Occupatio Podiatris		7
	Receipt For:		e Year-to-Date ▼	7
	Primary General		202.22	1
	Other (specify) ▼		300.00	1
s	UBTOTAL of Receipts This Page (optional)			850.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 34
	· ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	lress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Daniel F. Ryan			Date of Receipt
	Mailing Address 16288 Birchwood Ln			09 14 2006
	City	State	Zip Code	Transaction ID: 13003520
	Brainerd	MN	56401-6183	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Brainerd Medical Center,	Occupation Podiatrist		
	P.A. Receipt For:		Year-to-Date V	_
	Primary General	33 -3		1
	Other (specify) ▼	1	250.00	
				-
В.	Full Name (Last, First, Middle Initial) Dr. R. Daniel Davis			Date of Receipt
	Mailing Address 450 Clement Ln.			M M / D D / Y Y Y Y
	City	State	Zip Code	09 19 2006
	Orange	CT	06477-2803	Transaction ID: 13003718
		CI	00477-2803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self-Employed	Occupation		
		Podiatrist		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	1000.00	
	caner (epecary) 🔻	0 0		4
<u> </u>	Full Name (Last, First, Middle Initial) Dr. James V. Stelnicki			Date of Receipt
	Mailing Address 3473 Tidewater Dr.			09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13003724
	Weeki Wachee	FL	34607-1045	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		F00.00	1
	Other (specify)		500.00	
				050.00
s	UBTOTAL of Receipts This Page (optional)			950.00
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SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11/34		
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12		
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
Any or f	y information copied from such Reports and Stator commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
١.	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
	Full Name (Last, First, Middle Initial) Dr. Michael W. Heaslet			Date of Receipt		
	Mailing Address 4950 Barranca Pkwy. #3	ng Address 4950 Barranca Pkwy. #308				
	City	State	Zip Code	Transaction ID: 13003725		
	Irvine	CA	92604-4631	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
•	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	500.00			
_	Full Name (Last, First, Middle Initial) Dr. Robert K. Lee			Date of Receipt		
	Mailing Address 1324 El Prado Ave. #35	09 / 22 / 2006				
	City	State	Zip Code	Transaction ID: 13091572		
	Torrance	CA	90501-2715	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer University Podiatry Group	Occupation				
	Receipt For:	Podiatrist Aggregate	Year-to-Date ▼			
	Primary General	139.19		1		
	Other (specify) ▼		250.00			
_	Full Name (Last, First, Middle Initial) Dr. Anoosh Moadab			Date of Receipt		
	Mailing Address 2911 E. Solar Ave.			09 / 22 / 2006		
	City	State	Zip Code	Transaction ID: 13091574		
	Fresno	CA	93720-5441	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
•	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	250.00			
SI	JBTOTAL of Receipts This Page (optional)			1000.00		
_						
TC	PTAL This Period (last page this line number on	ly)				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/34		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
••	LIMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
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or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	rnot be sold of used by any perso dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Craig S. Schein			Date of Receipt		
	Mailing Address 4573 Bayley Hazen Rd		7:01	09 / 22 / 2006		
	City	State	Zip Code	Transaction ID: 13091577		
	Peacham	VT	05862	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify)	0 0				
В.	Full Name (Last, First, Middle Initial) Dr. Michael R. Joyce			Date of Receipt		
	Mailing Address 519 S. Van Buren Rd. #D			09 / 06 / 2006		
	City	State	Zip Code	Transaction ID: 13123723		
	Eden	NC	27288-5015	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		-500.00		
	Name of Employer Self-Employed	Occupation				
		Podiatrist		_		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	L Control Defende		
	Other (specify) ▼		0.00	Credit Card Refund - Per Request of Contributor		
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr. John P. Calcatera			Date of Receipt		
	Mailing Address Birmingham Podiatry 2012 8th Ct. S.			09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13125840		
	Birmingham	AL	35205-2799	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Birmingham Podiatry	Occupation Podiatrist				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) ▼		230.00			
s	UBTOTAL of Receipts This Page (optional)			0.00		
\vdash	. 5 (17		<u>^</u>			
T	TOTAL This Period (last page this line number only)					

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 34 (check only one) X
Any or fo	information copied from such Reports and Stat or commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
• • • • • • • • • • • • • • • • • • •	Full Name (Last, First, Middle Initial) Or. Brian Orahood Mailing Address 250 N.W. River Park Pl. City Canby FEC ID number of contributing ederal political committee. Name of Employer DR Foot Specialists Receipt For: Primary General Other (specify)	State OR C Occupation Podiatris: Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3. [N	Full Name (Last, First, Middle Initial) Dr. Mark O. Ellis Mailing Address 1166 11th St. Dity Astoria FEC ID number of contributing ederal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State OR C Occupation Podiatris: Aggregate		Date of Receipt M M A Z 7 Z 0 0 6 Transaction ID: 13126722 Amount of Each Receipt this Period 250.00
C. [Full Name (Last, First, Middle Initial) Or. Jason Ray Surratt Mailing Address 8722 S.W. 49th Ave. City Portland FEC ID number of contributing ederal political committee. Name of Employer Westside Podiatry Clinic Receipt For: Primary General Other (specify)	State OR C Occupation Podiatris Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SU	BTOTAL of Receipts This Page (optional)		······	750.00
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	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Kathleen Kelly Appleman			Date of Receipt
	Mailing Address 1096 Birdie Ln.			09 25 2006
	City	State	Zip Code	Transaction ID: 13155398
	Jackson	MO	63755-3268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Appleman Podiatry	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-		1
	Other (specify) ▼	1	250.00	
				-
В.	Full Name (Last, First, Middle Initial) Mr. Steve Carroll			Date of Receipt
	Mailing Address 215 E. Capitol Ave.			M M / D D / Y Y Y
				09 25 2006
	City	State	Zip Code	Transaction ID: 13155399
	Jefferson City	MO	65101-3001	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
		10		_
	Name of Employer MISSOURI PODIATRIC MEDICAL	Occupation		
	ASSOCIATION		e Director	_
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General	' '	500.00	1
	Other (specify)		000.00	_
_	Full Name (Last, First, Middle Initial)			
Ċ.	Dr. Jeffrey S. Boberg			Date of Receipt
	Mailing Address 12651 Westport Dr.			09 25 2006
	City	State	Zip Code	Transaction ID: 13155400
	Saint Louis	MO	63146-3846	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation		
		Podiatris		\dashv
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General	' '	500.00]]
	Other (specify)			1
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or		ame and add	aress of any political committee to	Solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full)	D " . D										
\angle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee									
A.	Full Name (Last, First, Middle Initial) Dr. B. Richard Burke			Date of Receipt								
	Mailing Address 1761 W. Romneya Dr. #	ŧE.		09 26 2006								
	City	State	Zip Code	Transaction ID: 13155444								
	Anaheim	CA	92801-1816	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		250.00								
	Name of Employer Self-Employed	Occupation Podiatrist										
	Receipt For:		Year-to-Date ▼	-								
	Primary General	7.99.094.0	1 1 1 1 1 1 1 1	1								
	Other (specify) ▼	l	550.00									
				4								
В.	Full Name (Last, First, Middle Initial) Dr. Leonette A. May			Date of Receipt								
	Mailing Address Anaton Podiatric Surger			M M / D D / Y Y Y								
	1761 W. Romneya Dr. E		7. 0.	09 26 2006								
	City	State	Zip Code	Transaction ID: 13155445								
	Anaheim	CA	92801-1816	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		250.00								
	Name of Employer	Occupation	า									
	Anaton Podiatric Surgery	Podiatrist										
	Group Receipt For:		Year-to-Date ▼									
	Primary General	00 0		1								
	Other (specify) ▼		250.00									
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Descipt								
٠.	Dr. Todd R. Hovermale Mailing Address 1849 Allen Ln.			Date of Receipt								
	1049 Alleri Lii.			09 26 2006								
	City	State	Zip Code	Transaction ID: 13155446								
	Anderson	IN	46012-1903	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		250.00								
	Name of Employer Self-Employed	Occupation	1									
	Seir-Empioyea	Podiatrist										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		250.00	1								
	Other (specify) ▼		230.00									
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City

Receipt For:

City

Florence

Receipt For:

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 16/34 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Podiatry Political Action Committee Full Name (Last, First, Middle Initial) A. Dr. Scott A. Hamilton Date of Receipt Mailing Address Coastal Podiatry Associates 09 27 2006 8141 Rourk St. State Zip Code Transaction ID: 13155544 Myrtle Beach SC 29572-4128 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Coastal Podiatry Associat-Occupation **Podiatrist** Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Michael Thomas Hames Date of Receipt Mailing Address 60 County Rd 322 0 9 29 2006 State Zip Code Transaction ID: 13166424 ΑL 35634-3656 Amount of Each Receipt this Period FEC ID number of contributing C 501.87 federal political committee. Name of Employer Self-Employed Occupation **Podiatrist**

501.87

SUBTOTAL of Receipts This Page (optional)	•	1001.87
TOTAL This Period (last page this line number only)	<u> </u>	9051.87

Aggregate Year-to-Date ▼

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\setminus	NAME OF COMMITTEE (In Full)									
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee							
\angle										
A.	Full Name (Last, First, Middle Initial) APMA Government Education Fund			Date of Receipt						
	Mailing Address 9312 Old Georgetown R	oad		09 18 YYYY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: 13004162						
	Bethesda	MD	20814	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		622.32						
	Name of Employer	Occupation	1							
	Receipt For:	Aggregate	Year-to-Date ▼	_						
	Primary General	riggregate		Transfers For Federal Ope-						
	Other (specify) ▼	0 0	15550.15	rating Expenditures						
В.	Full Name (Last, First, Middle Initial) Citigroup Global Markets, Inc.			Date of Receipt						
	Mailing Address 100 Light St., 19th Floor			09 30 7 2006						
	City	State	Zip Code	Transaction ID: 13323861						
	Baltimore	MD	21202-1036	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		231.12						
	Name of Employer Citigroup Global Markets, Inc.	Occupation Investment]						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		1729.87	Interest on Investments						

SUBTOTAL of Receipts This Page (optional)	•	853.44
TOTAL This Period (last page this line number only)	•	853.44

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American Podiatric Medical Assn., Inc. F	odiatry Political Action Com	nmittee								
Full Name (Last, First, Middle Initial)					action ID:		905			
• Wachovia Bank, N.A.					f Disburs		v	V		
Mailing Address NC8502 PO Box 563966				0 9	"] / L" (5 /	žoŏ	6		
City Charlotte	State Zip Code NC 28262-3966			Amour	nt of Each	Disburse	ement this	Period		
Purpose of Disbursement			\neg				193	3.37		
Bank Fees Candidate Name		001								
Candidate Name	'	Categor Type	y/							
	ement For:			Bank I	Fees					
Senate President	Primary General Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial)					action ID:		907			
Wachovia Bank, N.A.				M M	of Disburs		Y Y Y	Υ		
Mailing Address NC8502 PO Box 563966				0 9) 5 /	žoŏ	6		
City Charlotte	State Zip Code NC 28262-3966			Amour	nt of Each	Disburse	ement this	Period		
Purpose of Disbursement							31	.25		
Bank Fees Candidate Name		001 Categor								
		Type	,							
Office Sought: House Disburs	ement For: Primary General			Bank I	Fees					
President	Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.					action ID: of Disburs		808			
Mailing Address NC8502				0 9	/ D	5 /	ž 0 ŏ	6 Y		
PO Box 563966							_ ^ ^			
City Charlotte	State Zip Code NC 28262-3966			Amour	nt of Each	Disburse	ement this	Period		
Purpose of Disbursement Bank Fees		001		L.			30	0.80		
Candidate Name		Categor Type	y/							
Office Sought: House Disburs	ement For:			Bank I	Fees					
Senate President	Primary General Other (specify) ▼									
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SUBTOTAL of Disbursements This Page (optional			•				255	.42		
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\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po	diatry Polit	tical Action Co	ommitt	tee					
^	Full Name (Last, First, Middle Initial)					Trans	action ID:	1330290	9	
Α.	Wachovia Bank, N.A.						of Disburse	ment	· y · y	Y
	Mailing Address NC8502 PO Box 563966					0 9	0	5	žοŏ	6
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В.	Wachovia Bank, N.A.					Date o	action ID:	ment	-	V
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	,	State NC	Zip Code 28262-3966			Amour	nt of Each I	Disburser		
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	Candidate Name			Cate Ty						
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C.	Full Name (Last, First, Middle Initial) Citigroup Global Markets, Inc.						action ID: of Disburse		86	
	Mailing Address 100 Light St., 19th Floor					0 9	M / D 3	D / Y	žoŏ	6 ^Y
		State MD	Zip Code 21202-1036			Amour	nt of Each I	Disburser	nent this	Period
	Purpose of Disbursement Investment Expenses			00	11	L.			478.	01
	Candidate Name	Cate	gory/							
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General ▼			Invest	ment Exp	enses		
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\rangle	American Podiatric Medical Assn., Inc. F	odiatry Political Action C	omm	nit	tee								
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 129	966443	3	
Α.	Obama For Illinois Inc							of Di	isburs			V * V	· V
	Mailing Address P.O. Box 802799						0 ^M 9	IVI	′	0 6	′ <u> </u>	ž 0 ŏ	6
	City Chicago	State Zip Code IL 60680					Amou	int o	f Each	n Disk	ourseme	ent this	Period
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	Candidate Name Sen. Barack Obama				egory/ /pe								
	Office Sought: House Disburs X Senate President	ement For: 2006 Primary X General Other (specify) ▼											
	State: IL District: 2												
В.	Full Name (Last, First, Middle Initial) Mccrery For Congress Committee									-	69261		
							M	M .	isburs	D		YY	Υ
	Mailing Address Post Office Box 52956 333 Texas Street Suite	1900					0 9			7	<u> </u>	žoŏ	6
	City Shreveport	State Zip Code LA 71135					Amou	int o	f Each	Disk	ourseme	ent this	Period
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	011												
	Candidate Name Rep. Jim McCrery			egory/ /pe									
	Office Sought: X House Senate President Disburs	ement For: 2006 Primary X General Other (specify)											
	State: LA District: 4												
C.	Full Name (Last, First, Middle Initial) Snowe For SenateE								on ID	. — -	966534 nt		
	Mailing Address P.O. Box 2000						0 ^M 9	М	[/] DC	7	/ Y	ž 0 ŏ	6 ^Y
	City Portland	State Zip Code ME 04104					Amou	int o	f Each	n Disk	ourseme	ent this	Period
	Purpose of Disbursement					1	L.					3000	.00
	Candidate Name Olympia J. Snowe	Ca	ate	11 egory/ /pe									
	Office Sought: House Disburs X Senate President	ement For: 2006 Primary X General Other (specify)	<u> </u>		<u>. </u>								
	State: ME District: 1												
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\	NAME OF COMMITTEE (In Full)												
/	American Podiatric Medical Assn., Inc. P	odiatry Political Action Con	nmi	ttee									
	Full Name (Last, First, Middle Initial)					Transa	actio	n ID:	129665	17			
۱.	Pete Stark Re-Election Committee					Date o	_			/ Y	Y	Υ	
	Mailing Address P.O. Box 8331					0 9		^D 0	7	2	0 Ó 6		
	City Fremont	State Zip Code CA 94537				Amour	nt of E	Each	Disburse	men	t this F	erio	d
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	Candidate Name Rep. Fortney Peter Stark			egory/ ype									
	<u> </u>	ement For: 2006		71									
	Senate	Primary X General											
	President State: CA District: 13	Other (specify)											
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3.	Nelson for Senate					Transa Date o			129745 ment	60			
						0 ^M 9	1 /	0	D / N	, Y	0 ŏ 6	Υ	
	Mailing Address PO BOX 8666					0 9		Ů			006		
	City Omaha	State Zip Code NE 68108				Amour	nt of E	Each I	Disburse	men	t this F	erio	d
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	Candidate Name Mr. Ben Nelson			egory/ ype									
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	χ Senate	Primary X General											
	President State: NE District:	Other (specify)											
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	Candidate Name Jon Kyl	,	Cat	egory/ ype									
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	NAME OF COMMITTEE (In Full)	The and address of any pointing	ii COIII	1111	iillee	to sone	JIL COITL	ibuti	10115 111	UIII SU	JCII COII	millee	
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry Political Action C	omm	ni	ttee								
Α.	Full Name (Last, First, Middle Initial)									_	66524		
	Hoyer For Congress						М	of Di	isburs	emen) 7		Y Y	_ Y
	Mailing Address 7905 Malcolm Road Si	uite 102					0 9	_	C	7		ž 0 ŏ (5
	City Clinton	State Zip Code MD 20735					Amou	int of	f Each	Disb	urseme	nt this	Period
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	Condidate Name		-	_	11								
	Candidate Name Rep. Steny H. Hoyer				egory/ ype	′							
	Office Sought: X House Disbut Senate President	sement For: 2006 Primary X General Other (specify)											
	State: MD District: 5	Other (specify)											
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	: 129	66496		
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	Mailing Address PO Box 71 PO Box 71						0 9		′ _ ັ ເ	7	´ L	žoó	3
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	Candidate Name Rep. Thomas P. Latham		Ca	ate	egory/ ype	<i>,</i>	1						
	Office Sought: X House Disbut Senate President	sement For: 2006 Primary X General Other (specify)											
	State: IA District: 4												
C.	Full Name (Last, First, Middle Initial) Citizens For Gillmor						Date	of Di	isburs	emen			
	Mailing Address P.O. Box 150						0 9	М	[′] □ C	7	/	žoó	3 ^Y
	City Old Fort	State Zip Code OH 44861					Amou	int of	f Each	Disb	urseme	nt this	Period
	Purpose of Disbursement			_		7	L.					2500.	00
	Candidate Name Rep. Paul Gillmor				11 egory ype	′							
	Senate President	sement For: 2006 Primary X General Other (specify) ▼											
_	State: OH District: 5												
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po						0011111							
۹.	Full Name (Last, First, Middle Initial) David Scott For Congress				Transaction ID: 12966525 Date of Disbursement 0 9 0 7 7 2 0 0 6									
	Mailing Address 162 Hurt Street Ne				2000									
	City Atlanta	State Zip Code GA 30307			Amount of Each Disbursement this Period									
	Purpose of Disbursement Candidate Name		01 Categ	-			1	0.00.0	00					
	Rep. David Scott		Тур											
	Office Sought: X House Senate President State: GA District: 13	ement For: 2006 Primary X General Other (specify) ▼												
3.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Comm	ttee				on ID: 12997 sbursement	320							
	Mailing Address 6380 Wilshire Blvd. #161	2			09 4	15	y ž	0 ŏ 6	Y					
	City Los Angeles	State Zip Code CA 90048			Amount of	Each Disburs			-					
	Purpose of Disbursement		01	1			2	500.0	0					
	Candidate Name Rep. Henry A. Waxman		Categ Typ											
	Senate President	ment For: 2006 Primary X General Other (specify)												
	State: CA District: 30 Full Name (Last, First, Middle Initial)				Transaction	on ID: 12997	222							
Э.	Bob Filner for Congress					sbursement		V *	V					
	Mailing Address P.O. Box 127868				0 9	15	2	0 Ď 6						
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Α.	Full Name (Last, First, Middle Initial)								_	97318		
	Friends Of Clay Shaw					M	M	isburs	emen		žoŏe	Y
	Mailing Address 2600 Ne 14th. Street C 2600 Ne 14th. Street C					0 9	ᆜ		5		2006	Ď.
	City Pompano Beach	State Zip Code FL 33062				Amou	ınt o	f Each	Disb	urseme	nt this I	Period
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	Rep. E. Clay Shaw, Jr.				egory/ /pe							
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	Full Name (Last, First, Middle Initial)					Trans	sacti	ion ID	129	97333		
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	City Houston	State Zip Code TX 77222				Amount of Each Disbursement this Po						
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	Candidate Name Rep. Gene Green	didate Name Category/										
	Office Sought: X House Disbu Senate President	sement For: 2006 Primary X General Other (specify)	!									
	State: TX District: 29											
C.	Full Name (Last, First, Middle Initial) Simpson For Congress							ion ID:	. — -	97334 t		
	Mailing Address 1487 Parkway Drive					0 ^M 9	М	/ D 1	5	/ Y	ž 0 ŏ (6 Y
	City Blackfoot	State Zip Code ID 83221				Amou	unt o	f Each	Disb	urseme	nt this	Period
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	Candidate Name Rep. Michael K. Simpson		Ca	ate	egory/ rpe							
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Α.	Steve Rothman For Congress Inc.							of Di	isburs		nt	· V · ·	v ° v	-
	Mailing Address Post Office Box 714						0 9	IVI	์้า	5		ž 0 (6	
	City Hackensack	State Zip Code NJ 07602					Amou	int o	f Each	n Disl	bursem	ent thi	is Pe	riod
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	Candidate Name Rep. Steven R. Rothman				egory/ /pe									
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_	State: NJ District: 9													
В.	Full Name (Last, First, Middle Initial) Volunteers For Shimkus						Date	of D	isburs	emer	99732 nt	_		
	Mailing Address P.O. Box 5458						0 9	М	/ D	5	/ LY	ž 0 (Ď6 [°]	
	City Springfield	State Zip Code IL 62705					Amou	int o	f Each	n Disl	bursem		-	
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C.	Full Name (Last, First, Middle Initial) Bass Victory Committee								isburs	emer	99731 nt	7		
	Mailing Address PO Box 3451 PO Box 3451						0 9	М	/ D 1	I 5	/ L	ž 0 (Ď6 [°]	
	City Concord	State Zip Code NH 03302					Amou	int o	f Each	n Disl	bursem		-	-
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	Candidate Name Rep. Charles F. Bass		Ca	ate	11 egory/ /pe	-								
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Α.	Full Name (Last, First, Middle Initial) Moran For Congress						1			ID: 1	2997 nent	331		
	Mailing Address PO Box 2518						0 8	M	/	15	2 /	Y 2	2 o ŏ e	3 Y
	City Alexandria	State VA	Zip Code 22301				Amo	unt d	of Ea	ch D	isburs	emer	nt this	Period
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В.	Full Name (Last, First, Middle Initial) Dr. Hunter For Congress						1		Disbu	ırsem			/ * Y *	Y
	Mailing Address PO Box 2119						O S		Ĺ	15		2	2 o ŏ e	3
	City Oklahoma City	State OK	Zip Code 73101				Amo	unt d	of Ea	ch D	isburs	emer	nt this I	Period
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American Podiatric Medical Assn., Inc. F	Podiatry Political Action C	omm	nitt	ee							
Full Name (Last, First, Middle Initial) A. David Davis Victory Fund									7325		
A. David Davis Victory Fund					M	M		ement	Υ	Y Y	Y
Mailing Address 2016 Northwood Drive					0 9		1	5		ž 0 ŏ (3
City Johnson City	State Zip Code TN 37601				Amou	ınt o	f Each	Disbu	irseme	nt this	Period
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Full Name (Last, First, Middle Initial) B. Darlene Hooley For Congress							-		3909		
B. Darlene Hooley For Congress					Date M	of Di		ement	V	v	V
Mailing Address 6404 Failing St					0 9	IVI	້ _ ້ 2	25		žoó	3
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Full Name (Last, First, Middle Initial)					Trans	sacti	on ID	: 1312	3903		
C. Norwood For Congress						of Di		ement	V	V V	V
Mailing Address PO Box 499 PO Box 499					0 9	IVI	້	25		ž 0 ŏ (3 '
City Evans	State Zip Code GA 30809				Amou	ınt o	f Each	Disbu	irseme	nt this	Period
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam													ıs	
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Α.	Full Name (Last, First, Middle Initial) Levin For Congress						Trans Date					8896			
	Mailing Address P.O. Box 37						0 ^M 9	М	/	2 5	5 /	Y	žοŏ	3 Y	
	City Roseville	State MI	Zip Code 48066				Amou	unt o	f Ea	ch D	isbur	semei	nt this	Perio	d
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В.	Full Name (Last, First, Middle Initial) Becerra for Congress						Trans Date	of D	isbu	rsen	nent			V	
	Mailing Address P.O. Box 261060						0 9	М	L	2 5	5 /	¥ 2	ž 0 ŏ	3 [*]	
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	Candidate Name Mr. Xavier Becerra			С		gory/									
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	State: CA District: 30														
C.	Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Comr	nittee					Trans Date	of D	isbu	rsen	nent				
	Mailing Address P. O. Box 47025						0 ^M 9	М	L	2 5	5 /	Y	ž 0 ŏ	3 ^Y	
	City St. Petersburg	State FL	Zip Code 33743				Amou	unt o	f Ea	ch D	isbur		nt this		od
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	Candidate Name Rep. C.W. Bill Young			С	ate Ty	gory/ pe									
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_	State: PA District: 21						_								
В.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee							Trans Date			seme	-		, · · · ·	V
	Mailing Address PO Box 360							0 9			25]	2	0 0 0	3
	City Prescott	State AR	Zip Code 71857					Amou	int of	f Eac	h Di	sburs		t this	
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	Candidate Name Rep. Michael A. Ross			С	ate	gory/ pe									
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C.	Full Name (Last, First, Middle Initial) Maloney For Congress							Trans Date		sbur	seme		906		
	Mailing Address 49 East 92nd Street							0 ^M 9	M	/ D	25] / [Y 2	οŏ	3 ^Y
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Α.	Full Name (Last, First, Middle Initial) Solis For Congress						Trans Date		-			373		
	Mailing Address 6380 Wilshire Blvd. #161	2					0 ^M 9	М	/ D	25	′ [2	o ŏ	3 Y
		State CA	Zip Code 90048				Amou	int of	f Eac	h Di	sburs	emen	nt this	Period
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	Candidate Name Rep. Hilda L. Solis			С		gory/ pe								
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	State: CA District: 32													
В.	Full Name (Last, First, Middle Initial) John Lewis For Congress						Trans Date	of Di	isbur	sem	ent			_
	Mailing Address 1520 Pinehurst Drive Sw						0 ^M 9	М	/ D	25] ′ [ž	o ŏ	3 ^Y
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C.	Full Name (Last, First, Middle Initial) Campaign For Maryland						Trans Date	of Di	isbur	sem	ent			
	Mailing Address 220 Broadway						0 ^M 9	М	/ LD	25] ′ [ž	o ŏ	3 ^Y
	Centerville	State MD	Zip Code 21617				Amou	int of	f Eac	h Di	sburs	-	-	Period
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Full Name (Last, First, Middle Initial)							131239	900		
Marsha Blackburn For Congress Inc.)isburse		v v	V .	V
Mailing Address PO Box 682185					0 9 M	2	5 /	2	0 ŏ 6	
City Franklin	State Zip Code TN 37068			А	mount o	of Each	Disburse	ement	this P	eriod
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Candidate Name Rep. Marsha Blackburn	'	Cate Ty	gory/ pe							
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Full Name (Last, First, Middle Initial)						-	131239	902		
5. Kuhl For Congress				D	ate of D)isburse		Y Y	Υ	Y
Mailing Address 10 Ganesvoort Street Suite 101				L	0,8 ,,	2	5 /	2	0 Ď 6	
City Bath	State Zip Code NY 14810			Α	mount o	of Each	Disburse	ement	this P	eriod
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Full Name (Last, First, Middle Initial) Stephen F. Lynch For Congress Committe	e					i on ID: Disburse	131239 ment	904		
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Mailing Address 105 Farragut Road										
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A. Brian Higgins For Congress						Disburse		v · v	. V	V	
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3. Stupak For Congress						Disburse					
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Candidate Name Mr. David Price		Cate Ty	gory/ oe								
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۹.	Capuano For Congress Committee			Date of Disbursement	
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